

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

PAILD. NUMBER

NEW HAVEN TERMINAL INC
POBOX 1914
NEW HAVEN

CT 06509

INSTALLATION ADDRESS

FRONTAGE ROAD
EAST HAVEN

CT 06512

EPA Form 8700-12B (4-80)

11/04/80

RCRA RECORDS CENTER
FACILITY W WANTED
I.D. NO. 10/90 2 77
OTHER

Jerm

Haven

REQUEST FOR CHANGE

COMPANY NAME:

Date	of Request:	TOWN:	<u>new</u>	Haven
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	New Hoven Term Inc East Hewen	new Haven Term Inc.	9/12/9/
II**	Location of Installation			9/19/9/
III	Installation Mailing Address	80 (50X 1914 06509	PO BOY 9423 new Hover, ct 06534	50 roll

Kareckin

Robert S.

b. Property Owner

VI Status (Originally notified as:)

GENERATOR TRANSPORTER

TSDF

maitland,

Frank

EPA ID #: CTD 000840272

IV a. Installation

a. Ownership

Contact's Name

Installation Contact Title

Installation
Contact Phone #

SQG (<100 kg) Change status to: SQG (100-1000kg)

Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

^{**} If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.

REQUEST FOR CHANGE

EPA I	D #: CTD 0008402	272 COMPANY	NAME: Wyatt Inc.	Frontage Rd. Terminal
Date	of Request: 5/30	0/91 IR TOWN:	F	East Haven
	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
I*	Name of Installation	your Paste Procession	to advise the Sureson on the Sureson on the contract of the co	Please dee this form the information originativity, so that the
II**	Location of Installation	Then turn the fe ing requested. At the following ad-	1/23/91 popis	The sections for all
III	Installation Mailing Address	nursaw of Vasce Nam Sacriford, CT 9810	7/23/91	o esase
IV a.	Installation Contact's Name	Barbaro Andrew	Calamita, Stephen	per 1990 fee payment form
ay b	Installation Contact Title	Mgr.	Admin.	ESSO_SCIASESO\SERVO
c.	Installation Contact Phone #	che laimmatan.	nes, and that her thin for obtaining	all attached dorone
V a.	Ownership	Protes sales pels	rindus tot estales .anemnostagmi has	eq dandilingin eta
ъ.	Property Owner			
VI	Status	(Originally noti	fied as:)	
		SQG (<100 kg) SQG (100-1000kg) GENERATOR TRANSPORTER TSDF	Change status to	(egyz eszelg)

^{*} Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

^{**} If your company has moved to a new location then you must submit a new EPA Notification of Hazardous Waste Activity Form and obtain a new US EPA ID No.



ST TE OF CONNECTICU 'DEPARTMENT OF ENVIRONMENTAL PROTECTION



NOTIFICATION OF APPROVAL OF STATUS CHANGE REQUEST FOR STORAGE FACILITIES

April 16, 1990

Frank Maitland New Haven Terminal 30 Waterfront Street New Haven, Ct. 06509

Re: Status change request from a Generator and Storage Facility to a Generator only for Frontage Rd. East Haven, CTD000840272

Dear Mr. Maitland:

The New Haven Terminal status change request from a Generator and Storage Facility to a Generator requested by New Haven Terminal has been reviewed and approved by the Connecticut Department of Environmental Protection Hazardous Waste Management Section in conjunction with the U.S. Environmental Protection Agency.

The EPA data base has been updated to reflect this change.

DEP is returning a copy of your permit application since New Haven Terminal is not required to obtain a hazardous waste facility permit under Connecticut Hazardous Waste Management Regulations.

If in the future, New Haven Terminal decides to operate as a facility which requires a permit, a complete Part 'B' permit applications must be submitted and a final permit acquired prior to any operation. Failure to obtain a permit when required, may subject New Haven Terminal to enforcement action under Sections 22a-131 and 22a-131a of the Connecticut General Statutes and the Federal Resource Conservation and Recovery Act.

Should you have additional questions regarding this matter please contact Inga Rubecka of the Waste Management Permit Section at 566-4869.

Sincerely,

Patrick Bowe

Assistant Director

Waste Engineering & Enforcement Division

B-e

GD/IR/ir

cc: Gerald Sotolongo - U.S. EPA Region I

REQUEST FOR CHANGE

EPA ID #: CTD 000840272 COMPANY NAME: Wyatt, Inc.

TOWN .

Branford

SECTION/ITEM	OLD WALLE		
TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
Name of Installation	New Haven Terminal, Inc. Frontage Road Terminal	Wyatt, Inc. Frontage Road Terminal	Property leased by New Haven Terminal, Inc to Wyatt, Inc.
Location of Installation	Frontage Road East Haven, CT	Frontage Road East Haven, CT	
Installation Mailing Address	100 Waterfront St P.O. Box 9423 New Haven, CT 06511	85 East Street New Haven, CT 06511	
Installation Contact's Name	Frank Maitland	Andrew Barbaro	
Installation Contact Title	Engineering MGR	Terminal MGR	
	203-469-1391	203-467-6058	
Ownership	Р.	P	M
Property Owner	Inc	Inc	1
Status	SQG (<100kg)	Change status to:	
	GENERATOR TRANSPORTER		
EPA	D001, D002, K049		
TSD Facility P Changes (handl methods).	K050,K051,K052	D001	Da/30/90
	Installation Location of Installation Installation Mailing Address Installation Contact's Name Installation Contact Title Installation Contact Phone # Ownership Property Owner Status EPA Waste Number(s TSD Facility P Changes (handle methods).	Name of Installation Location of Installation Installation Installation Mailing Address New Haven, CT O6511 Installation Contact's Name Installation Contact Title Installation Contact Phone # Property Owner New Haven Terminal Inc. (Originally noting SQG (100-1000kg) SQG (100-1000kg) FRANSPORTER TSDF EPA Waste Number(s) TSD Facility Process Changes (handling methods).	Name of Installation Location of Installation Location of Installation Installation Installation Mailing Address New Haven, CT Installation Contact's Name Installation Contact Title Installation Contact Fhone # Property Owner Property Owner Status New Haven Terminal Inc (Originally notified as:) SQG (100-1000kg) Generator Only) Generator Only Frank Mailing Reparements SQG (100-1000kg) Generator Only TSDF EPA Waste Number(s) Cotation of Frontage Road Terminal Frontage Road Terminal Frontage Road Terminal Frontage Road East Haven, CT 06511 Andrew Barbaro Terminal MGR Generator Only Generator Only Generator Only TSDF TSDF TSDF TSDF TSD Facility Process Changes (handling

^{*} Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

December 26, 1084

Mr. Edward Parker, Assistant Director
Hazardous Waste Management Section
Department of Environmental Protection
165 Capitol Avenue/State Office Ruilding
Hartford, Connecticut 06106

Doar Mr. Parker:

This is in continuation of our response to your lotter cated July 6, 1984, concerning status change requests from a list of 122 Tell facilities.

Presently, EPA is processing status changes for seven facilities. Frologod is a list of those facilities and the changes made. Also enclosed are the Part A permit applications to be returned by DEP to the respective facility.

As mentioned earlier; we recommend no DEP action on returning Part A's to the companies, or public noticing the status changes: until we figure out the impact of the new PCRA Amendments.

If you have any questions, please contact me at (617) 223-1908. Sincerely,

William P. Torrey, III CT State Coordinator

Tor- 171 - 111

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INTERNAL CHECKLIST

1.	Inte	erim Regulatory Requirements		
	Α.	(1) FORM 1 MISSING	I <u></u> I	
ι.		(2) FORM 3 MISSING	1_1	
	В.	POSTMARK after NOVEMBER 19, 1980	Valid	<u> _ </u>
	C.	(1) DATE of OPERATION MISSING	1_1	
	7(1) D.Ci	(2) DATE OF OPERATION after NOVEMBER 19, 1980 Notified after AUGUST 18, 1980		<u> </u>
	Ε.	(1) FORM 1, XIII B SIGNATURE MESING	<u> </u>	
		(2) FORM 3, IX B SIGNATURE MISSING	1_1/	
			/	
2.	A.	HANDLER	111	
	В.	NONREGULATED	1_1	
	c.	UNSURE	1_1	
	D.	UNKNOWN FACILITY (missing name and address on Form 3)	1_1	
	E.	NEW FACILITY	1_1	
	F.	CORE ITEM(S) MISSING	<u> </u>	
	G.	NON-CORE ITEM(S) MISSING	1_1	
	н.	OTHER	I <u> </u>	
		o Low. Lix		

FORM 1 (EPA FORM 3510-1)

ITEM NUMBER II. Pollutant Character

II.	Pollutant Characteristics	
TII.	Name of Facility	11
IV.	Facility Contact	1_1
V.	Facility Mailing Address	
	A. Street or P.O., Box	1_1
	B. City or Town	1_1
	C. State	11
	D. Zip Code	1_1
VI.	Facility Location	
	*A. Street, Route Number	11
	B. County Name	11
	*C. City or Town	11
	*D. State	11
	E. Zip Code	
	F. County Code (if known)	
VII.	SIC Codes (other than Process and Hazardous Waste)	
VIII.	Operator Information	
	*A. Name	11
	*B. Is the name listed in VIII-A also the owner	
0 - 18	C. Status of operator	
	D. Phone	1
	*E. Street or P.O. Box	1
	*F. City or Town	1_
	*G. State	1_
	H. Zip Code	881-

IX.	India	an Lan	ď				
Х.	Exist	ting E	nvironmer	ntal Permi	ts		1_1
XI.	Мар						. 1
XII.	Natur	re of	Business				
XIII.	Cert:	ificat	ion				
	Α.	*1.	Name and		. *		1_1
		2.	Official	Title			
	*B.	Signa	ature	,			1_1
	*C.	Date	Signed			£p	<u> </u>
Commen	its:						
Form 1	is m	issin	3				1_1
-							
			2 484				
Items	prece	ded by	y " must	be submitt	ed by		

50.1

*4.

*5.

6.

City or Town

Zip Code

State

*IX.	Owner Certification	
	A. Name	
	B. Signature	
	C. Date Signed	
*X.	Operator Certification	
	A. Name	
•	B. Signature .	
	C. Date	
Comme	nts:	
Form	3 is missing	
Thoma	preceded by * must be submitted by	

	-		
8.5	PR	6 H 6 6 H 10 B	(continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS		METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III

to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code/s/ from the list of process codes contained in Item 111 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.
- NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:
 - 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
 - In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
 - 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

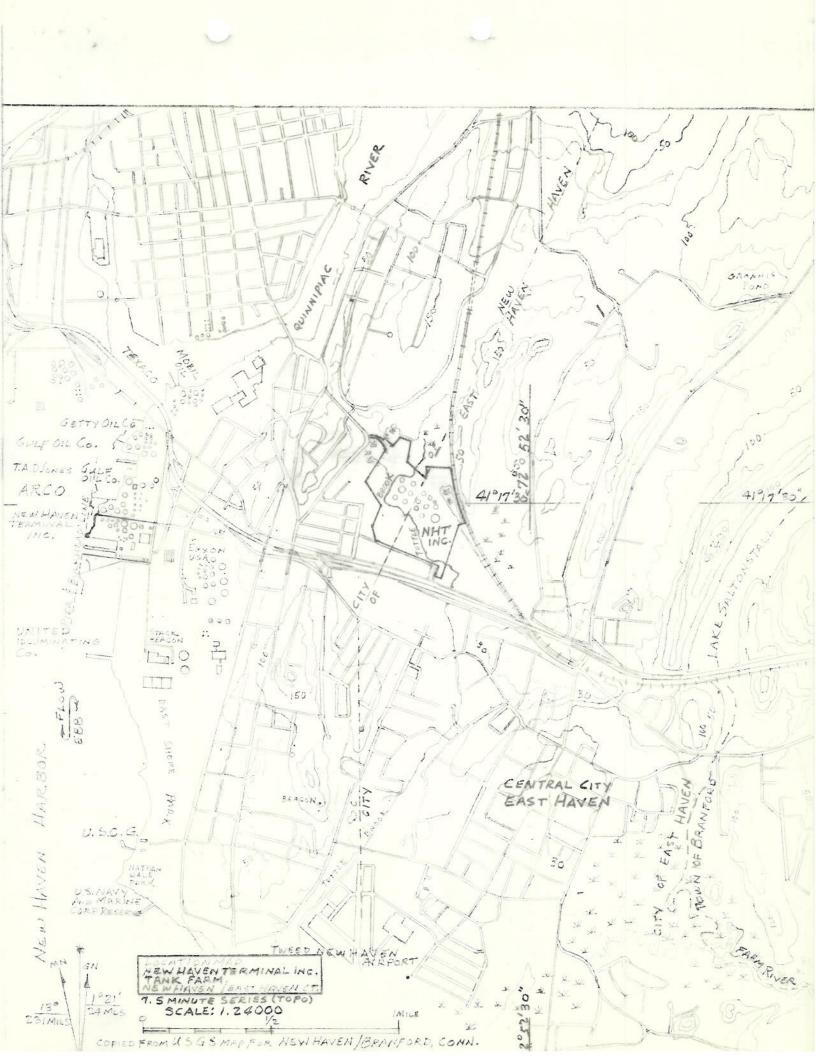
445	A. EPA		C. UNIT	D. PROCESSES				
LINE NO.	HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K 0 5 4	900	P	T 0 3 D 8 0				
X-2	D 0 0 2	400	P	T 0 3 D 8 0				
X-3	D 0 0 1	100	P	T 0 3 D 8 0				
X-4	D 0 0 2	AND THE PROPERTY OF THE PARTY.			included with above			

Continued from page 2. Form Approved OMB No. 158-S80004 NOTE: Photocopy this page before completing if you have more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) D 0 0 8 4 0 2 2 DUP C 0 W DUP W IV. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) D. PROCESSES A. EPA B. ESTIMATED ANNUAL QUANTITY OF WASTE HAZARD. WASTENO 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 1. PROCESS CODES (enter) NO. (enter code) 27 - 29 27 - 29 27 36 S 0 2 P 5 660 FO 0 2 S 0 2 P 645 9 K 0 4 3 S 0 2 P 645 5 K O 0 4 P 5.01 750 K 0 5 1 5 P S 0 2 35000 K 0 5 2 6 P 0 1 700 P 1-1 0 7 S 0 2 P 7450 U 1 5 4 8 S 0 2 35000 P n d d 1 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 CONTINUE ON REVERSE

Continued from the front.				9 J. 1806			
IV. DESCRIPTION OF HAZARDOUS WASTES (con E. USE THIS SPACE TO LIST ADDITIONAL PRO-	ntinued)	ES FROM IT	EM D(1) ON	PAGE 3.			
E. OSE TIMO STAGE TO EIGHT MEDITION	4	•					intolnieles I
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							and the state of
							11336
EPA I.D. NO. (enter from page 1)							E 0 0 2 8
FCTD0008402726							
V. FACILITY DRAWING All existing facilities must include in the space provided on	page 5 a sca	ale drawing of t	he facility (see	instructions	for more det	ail).	
VI PHOTOGRAPHS							
All existing facilities must include photographs (aer treatment and disposal areas; and sites of future sto	rial or group grade, treati	<i>nd—level)</i> tha ment or dispo	nt clearly deli- osal areas <i>(see</i>	neate all ex instruction	disting struct ns for more	detail).	ig storage,
VII. FACILITY GEOGRAPHIC LOCATION		sayantak si (1981)					*
LATITUDE (degrees, minutes, & second	ls)		į.	ONGITUD	TILL	nutes, & secon	nds)
411730				72	7 2 5 2		
VIII. FACILITY OWNER							
A. If the facility owner is also the facility operator as skip to Section IX below.	listed in Sec	tion VIII on F	orm 1, "Genera	al Information	on", place an	"X" in the bo	x to the left and
		-: \(\(\) E	am 1 complet	o the follow	vine items:		
B. If the facility owner is not the facility operator as		-615	orm r, complet	e the lone	T I	2 PHONE N	10. (area code & no.)
1. NAME OF FACE	ILITY'S LEC	GALOWNER				TITI	
E 15 16	•				55		- 61 62 - 65
3. STREET OR P.O. BOX	c	4	CITY OR TO	WN	5.S	T.	6. ZIP CODE
F	G 45 15	16	•		40 41	42 47	- 51
IX. OWNER CERTIFICATION							
I certify under penalty of law that I have personally documents, and that based on my inquiry of those submitted information is true, accurate, and completed including the possibility of fine and imprisonment.	individuals lete. I am a	immediately	responsible i	ror obtaini	ng the inton	mation, i De	HEVE LITAL LITE
A. NAME (print or type)	B. SIGN	ATURE	1		C.	DATE SIGNE	ED.
KEN B. YOUNG	Ker	n B.	ha		î	11/18/	80
X. OPERATOR CERTIFICATION					4		WAY VELT
I certify under penalty of law that I have personally documents, and that based on my inquiry of those submitted information is true, accurate, and compliancluding the possibility of fine and imprisonment.	individuals lete. I am a	: immediately	responsible	tor optain!	ng the imor	mation, I be	Heve that the
A. NAME (print or type)	B. SIGN	ATURE			C.	DATE SIGN	ED TO TO

Please print or type in the unshaded area nly 2 characters finch	J.			Form Approved OMB No. 15	8-R01	75	
FORM U.S. ENVIRO				CTION AGENCY I. EPA I.D. NUMBER			
d GENI			NFORM		0 2	7 2	2 700
GENERAL (Read the "C	nsolic Fener	iated al Ins	Permits Pr	hefore starting.)			3 14 13
EXBECTAGMS	1	1	1	GENERAL INSTRU			d affix
I. EPA I.D. NUMBER	1	1	11,	it in the designated space. F	cview	the :	inform-
1111111111111	1,	1	111	ation carefully; if any of it through it and enter the co	is inc	date	in the
III. FACILITY NAME	1	1	11	appropriate fill—in area belo the preprinted data is absen	W. A	so, if	any of
77711/1/1/1/	1	1	11	left of the label space list	s the	info	mation
V. FACILITY MAILING ADDRESS PLEASE PLA	CE	LA	BEL IN	THIS PACE that should appear), please proper fill—in area(s) below	Drov	de it	in the
111111111111	1	1	111	complete and correct, you i	need I	not co	omplete
111111111111111111111111111111111111111	1	1	111	Items I, III, V, and VI fe must be completed regardi	035/.	Comp	piete all
FACILITY	/	1	11	items if no label has been the instructions for detail	Drovic	ed. F	leter to
VI. LOCATION	1	1	11	tions and for the legal au	thoriz	ation	s under
	1,	1	111	which this data is collected.	SALAN SALAR SA	namenia de sua cida	esconers to the last
II. POLLUTANT CHARACTERISTICS			RECEIPE OF				
	sheth:	r vo	u need to	submit any permit application forms to the EPA. If you answ	ver "y	es" to	o any
INSTRUCTIONS: Complete A undegli 5 to determine a	tal fo	rm li	sted in the	a parenthesis following the question. Mark "X" in the box in to	the th	ird co	lumn
							TIVITY
is excluded from permit requirements; see Section C of the	instr	uctio	ns. See also	o, Section D of the instructions for definitions of hold-faced		MARI	
SPECIFIC QUESTIONS					YES	The same of	PORM
	YES		ATTACHED	B Does or will this facility (either existing or proposed)			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?	13	77		include a concentrated animal feeding operation or aquatic animal production facility which results in a		X	
(FORM 2A)	16	X	10	discharge to waters of the U.S.? (FORM 28)	19	20	21
C. Is this a facility which currently results in discharges			10	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to		Х	
to waters of the U.S. other than those described in A or B above? (FORM 2C)	27	X 33	24	waters of the U.S.? (FORM 2D)	25	26	2.7
E. Does or will this facility treat, store, or dispose of	1			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum con-		37	
hazardous wastes? (FORM 3)	X			teining within one quarter mile of the Well Dore,		X	
	26	29	30	underground sources of drinking water? (FORM 4)	3.4	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface				H. Do you or will you inject at this facility fluids for spe- cial processes such as mining of sulfur by the Frasch		X	
in connection with conventional oil or natural gas pro-		arrange eduction mining of minerals, in situ compus-					
duction, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid				tion of fossil fuel, or recovery of geothermal energy? (FORM 4)	27	36	39 10
hydrocarbons? (FORM 4) 1. Is this facility a proposed stationary source which is	34	25	34	J. Is this facility a proposed stationary source which is			
one of the 22 industrial categories listed in the in-			DrW	NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons		X	
structions and which will potentially emit 100 tons per year of any air pollutant regulated under the	1	X	1 1 1 1 1 1	per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment		1	
Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40	41	- 48	area? (FORM 5)	45	44	45
III. NAME OF FACILITY					1		
NEW HAVEN TERMI	N A	T.	IN	C EAST HAVEN			
13 16 - 26 35	Constitution and	MAN SIGNA	and the second second				MESTA.
IV. FACILITY CONTACT				B. PHONE (area code & no.)	7	Tale Tale	
A. NAME & TITLE (lost, f	irst, å	title	2)	B. PROTE Jackson	1		
YOUNG KEN VICE PF	E.	SI	DEN	T 2 0 3 4 6 9 1 3 9 1	100		
13 11							
V. FACILITY MAILING ADDRESS	PO Y				Tagana and an		A CONTRACTOR OF THE PARTY OF TH
er i i i i i i i i i i i i i i i i i i i	1 1	1	1 1 1	TITTI CONTRACTOR OF THE STATE O			
3 B O X 1 9 1 4				43			
B, CITY OR TOWN				C.STATE D. ZIP CODE			
NEW HAVEN	1 1	merce		C'T 06509			ACCULATE TREBENE
A IV II W	A	MATERIAL PARTY AND PROPERTY AND					
VI. FACILITY LOCATION				The state of the s			
A. STREET, ROUTE NO. OF OTHER	SPEC	IFIC	IDENTIF	TER			
T D O M M A C E D D					F25/		
5 FRONTAGE RD	100000			· · · · · · · · · · · · · · · · · · ·			
18)18	-						
B. COUNTY NAME	1 1	-	111				
18/18	1 1		111				
B. COUNTY NAME	1 1	- T	1 1 1	D.STATE E. ZIP CODE F. COUNTY CODE (if known)			
NEW HAVEN	1 1 		1 1 1	D.STATE E. ZIP CODE F. COUNTY CODE CT 06512			

ONTINUED FROM THE FRONT					
/II. SIC CODES (4-digit, in order of priority)					A LANGE
A. FIRST			(specify)	B. SECOND	
5 4 2 2 6 (specify) SPECIAL WAREHOUSING		7	(apecijy)		
C. THIRD		18116 -	19	D. FOURTH	
c (specify)		7	(specify)	7777AAAA	
7 15 16 - 19		15 16 -	19		2012/2014/2014/2014
VIII. OPERATOR INFORMATION	a MAME				e name listed in
clilitiiiiiiiiiiiii	A. NAME	illi		iten owr	n vill-A also the
BNEW HAVEN TERMINAL	I, N, C,			X Y	ES NO
15 16				35	6 001
C. STATUS OF OPERATOR (Enter the appropriate lette	4-1 /-		er", specify.)	D. PHONE (area code	& no.)
F = FEDERAL M = PUBLIC (other than federal or sta S = STATE O = OTHER (specify)	P (S	pecify)		A 2 0 3 4 6 9	1 3 9 1
P = PRIVATE E. STREET OR P.O. BOX	36			15 16 - 88 19 - 21	22 201
		1111			
B O X 1 9 1 4			85		-0-2
F. CITY OR TOWN		G.ST/	TE H. ZIP COL		n lands?
D N D II I					
B N E W H A, V E, N		40 41		52	
X. EXISTING ENVIRONMENTAL PERMITS					
A. NPDES (Discharges to Surface Water) D. PSI	Air Emission.				- GAS DEGREES
STI TITTE		1111			100000
15 16 17 18 30 15 15 17		1 1 1 1	30		
B. UIC (Underground Injection of Fluids)	E. OTHE	R (specify)	1 1 1/5	pecify)	
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water bodies in the map area. See instructions for preci-	se requiremen	its.			
XII. NATURE OF BUSINESS (provide a brief description)					
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PRODUCT COMES IN BY PIPELINE AND					
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XIII. CERTIFICATION (see instructions)					esion and all
I certify under penalty of law that I have personally a attachments and that, based on my inquiry of thos	examined and	am familiar	with the inform	nation submitted in this applica hteining the information cont	ained in the
application. I believe that the information is true, acc	curate and co	mplete. I am	aware that th	ere are significant penalties fo	r submitting
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A. NAME & OFFICIAL TITLE (type or print)	B. SIGNA	TURE	1.	C. DATES	2/6
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NSTRUCTIONS: Complete A through J to determine wastions, you must submit this form and the supplement	tal form !!	stad in th	a parenthesis following the gues	tion. Mark "X" in the box in :	the th	ird co	luma
I the supplemental form is attached. If you answer "no" s excluded from permit requirements; see Section C of the	to each q instructio	juostion, y ms. See als	you need not submit any of these. Section D of the instructions	for definitions of hold-fecad	termi	jur st	LIVILY
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SPECIFIC QUESTIONS	YES NO	ATTACHED	A CONTRACTOR OF THE PROPERTY O		YES	110	ATTACHE
is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.?		1	B. Does or will this facility (include a concentrated a	nimal feeding operation or			
(FORM 2A)	X		equatic animal production discharge to waters of the	facility which results in a U.S.? (FORM 2B)	19	X 20	21
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duction, Inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid	X		tion of fossil fuel, or rec	overy of geothermal energy?			
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Form Approved OMB No. 158-S80004 OTE: Photocopy this page before comp. ing if you have more than 26 wastes to list. FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) W C T D O O 0 8 0 DUP W DUP 14 | 15 V. DESCRIPTION OF HAZARDOUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) D. PROCESSES A. EPA HAZARD, WASTENO (enter code) B. ESTIMATED ANNUAL QUANTITY OF WASTE 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 1. PROCESS CODES 29 27 P S 0 2 0 0 5 660000 F 645 000 P S 0 2 K 0 4 9 3 K 0 5 0 645 000 P S 0 2 P S 0 1 K 0 5 1 750 000 S 0 2 K 0 5 2 35000 000 P 700 000 P 0 1 P 1 · 1 S 7450 000 S 0 2 P U 1 5 35000 DDD d n d 1 P S 0 2 4 10 1 1 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Continued from the front.				
IV. DESCRIPTION OF HAZARLOUS WASTES (continued)			
E. USE THIS SPACE TO LIST ADDITIONAL PR	OCESS CODES FROM I	TEM D(1) ON PAGE 3.		
	100			
			8.	
EPA I.D. NO. (enter from page 1)				
CTD00084027236				
12 14 15			A SANCER STATE OF THE SANCE OF	
V. FACILITY DRAWING		the facility (see instructions for	more detail)	F6:A155
All existing facilities must include in the space provided (VI. PHOTOGRAPHS	on page 5 a scale drawing of	the facility isse instructions for	more detaily.	F (9 . 11) (3)
All existing facilities must include photographs (a	arial or around-level) th	at clearly delineate all exist	ina structures; exis	ting storage,
treatment and disposal areas; and sites of future s	torage, treatment or disp	osal areas (see instructions	for more detail).	F6: A156
VII. FACILITY GEOGRAPHIC LOCATION				
LATITUDE (degrees, minutes, & secon	nds)	LONGITUDE (d	legrees, minutes, & se	conds)
411730		7	2 5 2 3	0
65 66 67 68 69 - 71		72 -	74 75 76 77 - 71	1
VIII. FACILITY OWNER				the section of
A. If the facility owner is also the facility operator skip to Section IX below.	as listed in Section VIII on F	orm 1, "General Information",	, place an "X" in the	box to the left and
ACTION AND CONTROL OF			**********	
B. If the facility owner is not the facility operator of	as listed in Section VIII on F	orm 1, complete the following	items:	
1. NAME OF FA	CILITY'S LEGAL OWNER		2. PHON	E NO. (area code & no.)
Ē				
L U U U U U U U U U			55 56 - 58	59 - 61 62 -
3. STREET OR P.O. BOX		L CITY OR TOWN	5. ST.	6. ZIP CODE
F	G	•		
12.11			40 41 42	7 - 51
IX. OWNER CERTIFICATION			when issaed in ship a	ad all attached
I certify under penalty of law that I have personal documents, and that based on my inquiry of those	lly examined and am fam a Individuals immediately	illar with the information s responsible for obtaining (the information. I	believe that the
submitted information is true, accurate, and comp	plete. I am aware that the	ere are significant penalties	for submitting fals	e information,
including the possibility of fine and imprisonmen			100 (61 - 41 - 1	
A. NAME (print or type)	B. SIGNATURE	A DECEMBER OF THE PROPERTY OF	C. DATE SIG	NED
KEN B. YOUNG	Kun R	harma	11/13	2/20
KEN B. 100NG	13001 1.	9	1,9	700
X. OPERATOR CERTIFICATION			A second	
I certify under panalty of law that I have persona	lly examined and am fam	illar with the information s	submitted in this a	nd all attached
documents, end that based on my inquiry of thos submitted information is true, accurate, and com-	a individuals immediately	responsible for obtaining t	ine information, l for submitting fals	e information.
including the possibility of fine and imprisonmen	t.	a distribute penaltics	To Government of the	
A. NAME (print or type)	B. SIGNATURE		C. DATE SIG	NED
The state of the s				

B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

X A. FIRST NOTIFICATION

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HA	AZARDOUS WAST	TES (continued from	front)		13 14 15
A. HAZARDOUS WASTES FF waste from non—specific so				m 40 CFR Part 261.31	for each listed hazardous
The state of the s	2	3	4	5	6
	Shirt Sangar St. or San	10 692.2			21 (41)
23 - 25	23 - 26	23 - 26	23 - 26	23 - 26	12
	THE PARTY OF		Hill		
23 - 25	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FF specific industrial sources you	ROM SPECIFIC SOUR our installation handl	RCES. Enter the four—des. Use additional sheets	ligit number from 40 Cl if necessary.	FR Part 261.32 for each	listed hazardous waste from
13	14	15	16	17	18 40 40 4
K 0 4 9	K 0 5 0	K 0 5 1	K 0 5 2		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
Hill	Hill				
23 12 26	23 - 26	23 - 26	23 26	23 - 26	23 - 26
25	26	27	28	29	30
C. COMMERCIAL CHEMICAL stance your installation han					.33 for each chemical sub-
31	32	33	34	35	36
P 1 1 0				4 1 9 1 4	xio a lo lo sig
23 - 25	23 - 26	23 - 26	23 26	21 - 26 41	23 - 26 42
	Til				
23 - 26	23 - 26	23 - 26	23 - 26	23 - 25	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	22 2 25	23 - 26	23 - 26
D. LISTED INFECTIOUS WA	STES. Enter the fou	r-digit number from 40		ach listed hazardous was	
hospitals, medical and resea	Name of the last o				
49	50	3 0 51	52	53	74 A 3 6
23 - 25	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF N hazardous wastes your insta	ION-LISTED HAZA	RDOUS WASTES. Mark	"X" in the boxes corr		teristics of non-listed
X1. IGNITABLE		X2. CORROSIVE	□3. REA (D003)	CTIVE	4. TOXIC
X. CERTIFICATION				Angular Maria	
I certify under penalty of attached documents, and I believe that the submitt mitting false information,	that based on my ted information is	inquiry of those ind true, accurate, and c	lividuals immediately omplete. I am aware	y responsible for ob	taining the information,
SIGNATURE	1202 120 120 120 120 120 120 120 120 120	NAME & OFF	TICIAL TITLE (type or	print)	DATE SIGNED
Bun B. T	James	KEN YO VICE P	UNG RESIDENT		August 12, 1980
EPA Form 8700-12 (6-80) RE	EVERSE	71011			
EL V LOUII 0/00-12 (0-00) NE	Reporting:				

COUNTY IN A PROPERTY OF SERVICE

EPA Porm \$700-12 (6-80)

18/4/1/8 bedd 24/2000

RCRA FILE DOCKET NEW HAVEN TERMINAL INC EAST HAVEN FRONTAGE RD

CT 06512

CTD000840272

FRANK MAITLAND

EAST HAVEN

DATE	DOCUMENT DESCRIPTION	CLIP #
	Docket	111
1.18.80	Notification	2
10		
		# T
	CROSS-REFERENCE	



